Attorney's Docket No	PATENT
COMBINED DECLAR	ATION AND POWER OF ATTORNEY
-	STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, INUATION OR C-I-P)
As a below named inventor, I hereby decla	are that:
ТҮРЕ	OF DECLARATION
This declaration is of the following type: (check one applicable item below)
original design supplemental	
NOTE: If the declaration is for an International Application not check next item; check appropriate one of last three items	ion being filed as a divisional, continuation or continuation-in-part application, do s.
national stage of PCT	
NOTE: if one of the following 3 items apply, then complete I-P.	and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-
divisional continuation continuation-in-part (C-I-P)	
	RSHIP IDENTIFICATION e inventors of all the claims, an explanation of the facts, including the led invention was made, should be submitted.
I believe I am the original, first and sole	enship are as stated below next to my name. inventor (if only one name is listed below) or an original, e listed below) of the subject matter which is claimed and on entitled:
TITI	LE OF INVENTION
Method and System for Displayin	ng Markup Language Based Pages on Handheld Devices
SPECIFICA	ATION IDENTIFICATION
the specification of which: (complete (a), (b) or (c))
(a) is attached hereto.	
(b) was filed on as Serial N	
or Express Mail No., as Serial N and was amended on(if appli	
	eclaration and Power of Attorney [1-1]-page 1 of 5)

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.					
(c) was described and claimed in PCT International Application No filed on and as amended under PCT Article 19 on (if any).					
ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56 (also check the following items, if desired)					
and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.					
PRIORITY CLAIM (35 U.S.C. § 119)					
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. (complete (d) or (e))					
(d) no such applications have been filed.					
(e) Such applications have been filed as follows.					
NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.					

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY (OR	APPLICATION	DATE OF FILING	PRIORITY CLAIMED			
INDICATE IF PCT)	NUMBER	(day, month, year)	UNDER 37 USC 119			
Finland	20001573	30.06.2000	⊠ YES NO□			
			☐ YES NO☐			
-			☐ YES NO☐			
			☐ YES NO☐			
			☐ YES NO☐			
NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.						
POWER OF ATTORNEY						
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)						
Clarence A. Green (24,622) Mark F. Harrington (31,686) Janik Marcovici (42,841)						
(check the following item, if applicable)						
Attached as part of this declaration and power of attorney is the authorization of the above named attorney(s) to accept and follow instructions from my representative(s).						
	Declara	ation and Power of Attorney [1-	1]-page 3 of 5)			

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO: (Name and telephone number)
Mark F. Harrington

Perman & Green 425 Post Road Fairfield, CT 06430-6232

(203) 259-1800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or f	irst inventor	
Arto (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	<u>Lehtonen</u> FAMILY (OR LAST NAME)
Inventor's signature _	elt	
Date 7+4 n	arch 2001	_ Country of Citizenship Finland
Residence Tamper	e, Finland	
Post Office Address	Silakatu 20, FIN-33730 Tampe	<u>re</u> -
Full name of second j	oint inventor, if any	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature _		
Date		Country of Citizenship
Residence		
Post Office Address		

(Declaration and Power of Attorney [1-1]-page 4 of 5)

Full name of third joint inventor, if any

(GIVEN	NAME)	(MIDDLE INITIAL OR NAM	ME) FAMILY (OR LAST NAME)		
Invent	or's signature				
Date _	Date Country of Citizenship				
Reside	ence Office Address				
T OST O	filee Address				
CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION					
	Signature for fe	ourth and subsequent join	t inventors. Number of pages added		
			•••		
Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added					
			•••		
☐ 37 CFI	Signature for i R 1.47. Number o		gn or cannot be reached by person authorised under		
			•••		
	Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).				
			•••		
Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application. Number of pages added					
			•••		
	Authorization of	of attorney(s) to accept an	d follow instructions from representative.		
			•••		
(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item:)					
			This declaration ends with this page.		
			(Declaration and Power of Attorney [1-1]-page 5 of 5)		